

<b>SCC eFile</b>	<b>2014 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION</b>	<b>214501825</b>				
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: <b>MEDICAL ASSOCIATES OF CENTRAL VIRGINIA, INC.</b></p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>DAVID R CANNON 2215 LANDOVER PLACE LYNCHBURG, VA</b></p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>LYNCHBURG CITY</b></p> <p>4.) STATE OR COUNTRY OF INCORPORATION: <b>VA</b></p> </div> <div style="width: 35%;"> <p>DUE DATE: <b>2/28/2014</b></p> <p>SCC ID NO: <b>02034429</b></p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>15,000</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	COMMON	15,000
CLASS	AUTHORIZED					
COMMON	15,000					
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="margin-left: 40px;">ADDRESS: 2215 LANDOVER PL</p> <p style="margin-left: 40px;">CITY/ST/ZIP: LYNCHBURG, VA 24501</p>						
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS:      All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: ROBERT O BRENNAN  TITLE: PRESIDENT  ADDRESS: PO BOX 11889  CITY/ST/ZIP/CO: LYNCHBURG, VA 24506 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER      <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: ROBERT O BRENNAN TITLE: PRESIDENT ADDRESS: PO BOX 11889 CITY/ST/ZIP/CO: LYNCHBURG, VA 24506	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: ROBERT O BRENNAN TITLE: PRESIDENT ADDRESS: PO BOX 11889 CITY/ST/ZIP/CO: LYNCHBURG, VA 24506	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: EUGENE G WOLANSKI MD  TITLE: P OF MACALI  ADDRESS: P O BOX 11889  CITY/ST/ZIP/CO: LYNCHBURG, VA 24506 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER      <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: EUGENE G WOLANSKI MD TITLE: P OF MACALI ADDRESS: P O BOX 11889 CITY/ST/ZIP/CO: LYNCHBURG, VA 24506	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR	
NAME: EUGENE G WOLANSKI MD TITLE: P OF MACALI ADDRESS: P O BOX 11889 CITY/ST/ZIP/CO: LYNCHBURG, VA 24506	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR				
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NAME: DAVID R CANNON TITLE: S/EX VP OF CLNC ADDRESS: PO BOX 11889 CITY/ST/ZIP/CO: LYNCHBURG, VA 24506	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: NATHAN WILLIAMS MD  TITLE: T/EX VP  ADDRESS: PO BOX 11889  CITY/ST/ZIP/CO: LYNCHBURG, VA 24506 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER      <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: NATHAN WILLIAMS MD TITLE: T/EX VP ADDRESS: PO BOX 11889 CITY/ST/ZIP/CO: LYNCHBURG, VA 24506	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: NATHAN WILLIAMS MD TITLE: T/EX VP ADDRESS: PO BOX 11889 CITY/ST/ZIP/CO: LYNCHBURG, VA 24506	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: JUAN P APONTE  TITLE: SR VP CLINICAL  ADDRESS: PO BOX 11889  CITY/ST/ZIP/CO: LYNCHBURG, VA 24506 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER      <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: JUAN P APONTE TITLE: SR VP CLINICAL ADDRESS: PO BOX 11889 CITY/ST/ZIP/CO: LYNCHBURG, VA 24506	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR	
NAME: JUAN P APONTE TITLE: SR VP CLINICAL ADDRESS: PO BOX 11889 CITY/ST/ZIP/CO: LYNCHBURG, VA 24506	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR				
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NAME: ROBERT K ARMOCK TITLE: SR VP CLINICAL ADDRESS: PO BOX 11889 CITY/ST/ZIP/CO: LYNCHBURG, VA 24506	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR				

NAME:	PAUL J BENNETT	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SR VP CLINICAL		
ADDRESS:	PO BOX 11889		
CITY/ST/ZIP/CO:	LYNCHBURG, VA 24506		
NAME:	TERESA L BRENNAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP CLINICAL AFF		
ADDRESS:	PO BOX 11889		
CITY/ST/ZIP/CO:	LYNCHBURG, VA 24506		
NAME:	JOHANNA P BROWN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SR VP CLINICAL		
ADDRESS:	PO BOX 11889		
CITY/ST/ZIP/CO:	LYNCHBURG, VA 24506		
NAME:	WILLIAM H CHEATWOOD	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SR VP CLINICAL		
ADDRESS:	PO BOX 11889		
CITY/ST/ZIP/CO:	LYNCHBURG, VA 24506		
NAME:	LOUIS CHI	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SR VP CLINICAL		
ADDRESS:	PO BOX 11889		
CITY/ST/ZIP/CO:	LYNCHBURG, VA 24506		
NAME:	CHARLES H COGGIN III	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP CLINICAL AFF		
ADDRESS:	PO BOX 11889		
CITY/ST/ZIP/CO:	LYNCHBURG, VA 24506		
NAME:	ELIZABETH A COOK	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SR VP CLINICAL		
ADDRESS:	PO BOX 11889		
CITY/ST/ZIP/CO:	LYNCHBURG, VA 24506		
NAME:	MICHAEL R COOK	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SR VP CLINICAL		
ADDRESS:	PO BOX 11889		
CITY/ST/ZIP/CO:	LYNCHBURG, VA 24506		
NAME:	TONY FARMER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP CLINICAL AFF		
ADDRESS:	PO BOX 11889		
CITY/ST/ZIP/CO:	LYNCHBURG, VA 24506		
NAME:	MURAT T GEZEN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SR VP CLINICAL		
ADDRESS:	PO BOX 11889		
CITY/ST/ZIP/CO:	LYNCHBURG, VA 24506		
NAME:	JOSEPH G GUIDI	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SR VP CLINICAL		
ADDRESS:	PO BOX 11889		
CITY/ST/ZIP/CO:	LYNCHBURG, VA 24506		

NAME:	JOEL T HODGES	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SR VP CLINICAL		
ADDRESS:	PO BOX 11889		
CITY/ST/ZIP/CO:	LYNCHBURG, VA 24506		
NAME:	GABRIELLE KORI JACKSON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SR VP CLINICAL		
ADDRESS:	PO BOX 11889		
CITY/ST/ZIP/CO:	LYNCHBURG, VA 24506		
NAME:	ALAN C KAUPPI	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SR VP CLINICAL		
ADDRESS:	PO BOX 11889		
CITY/ST/ZIP/CO:	LYNCHBURG, VA 24506		
NAME:	DANIELLE S LEWIS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SR VP CLINICAL		
ADDRESS:	PO BOX 11889		
CITY/ST/ZIP/CO:	LYNCHBURG, VA 24506		
NAME:	ARCHIBALD L LORD	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SR VP CLINICAL		
ADDRESS:	PO BOX 11889		
CITY/ST/ZIP/CO:	LYNCHBURG, VA 24506		
NAME:	JAMES W MEADOWS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SR VP CLINICAL		
ADDRESS:	PO BOX 11889		
CITY/ST/ZIP/CO:	LYNCHBURG, VA 24506		
NAME:	TRACI OGBU	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP CLINICAL AFF		
ADDRESS:	PO BOX 11889		
CITY/ST/ZIP/CO:	LYNCHBURG, VA 24506		
NAME:	JAMES PITTARD	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SR VP CLINICAL		
ADDRESS:	PO BOX 11889		
CITY/ST/ZIP/CO:	LYNCHBURG, VA 24506		
NAME:	PATRICIA A POWERS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP CLINICAL AFF		
ADDRESS:	PO BOX 11889		
CITY/ST/ZIP/CO:	LYNCHBURG, VA 24506		
NAME:	MOIRA A RAFFERTY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SR VP CLINICAL		
ADDRESS:	PO BOX 11889		
CITY/ST/ZIP/CO:	LYNCHBURG, VA 24506		
NAME:	GEETA RAKHERAM	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SR VP CLINICAL		
ADDRESS:	PO BOX 11889		
CITY/ST/ZIP/CO:	LYNCHBURG, VA 24506		

NAME:	JAMES W ROBERTSON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SR VP CLINICAL		
ADDRESS:	PO BOX 11889		
CITY/ST/ZIP/CO:	LYNCHBURG, VA 24506		
NAME:	KANEEZ SALBIA	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP CLINICAL AFF		
ADDRESS:	PO BOX 11889		
CITY/ST/ZIP/CO:	LYNCHBURG, VA 24506		
NAME:	JULIE SUPPA	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP CLINICAL AFF		
ADDRESS:	PO BOX 11889		
CITY/ST/ZIP/CO:	LYNCHBURG, VA 24506		
NAME:	WALTON K SYNDOR	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EX VP		
ADDRESS:	P O BOX 11889		
CITY/ST/ZIP/CO:	LYNCHBURG, VA 24506		
NAME:	TERRY THOMPSON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP CLINICAL AFF		
ADDRESS:	PO BOX 11889		
CITY/ST/ZIP/CO:	LYNCHBURG, VA 24506		
NAME:	KHIEM TRAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SR VP CLINICAL		
ADDRESS:	PO BOX 11889		
CITY/ST/ZIP/CO:	LYNCHBURG, VA 24506		
NAME:	JAMES S WADE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SR VP CLINICAL		
ADDRESS:	PO BOX 11889		
CITY/ST/ZIP/CO:	LYNCHBURG, VA 24506		
NAME:	CHRISTOPHER C WEBB	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SR VP CLINICAL		
ADDRESS:	PO BOX 11889		
CITY/ST/ZIP/CO:	LYNCHBURG, VA 24506		
NAME:	MICHAEL D WILL	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SR VP CLINICAL		
ADDRESS:	PO BOX 11889		
CITY/ST/ZIP/CO:	LYNCHBURG, VA 24506		
NAME:	LISA WISNIEWSKI	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP CLINICAL AFF		
ADDRESS:	PO BOX 11889		
CITY/ST/ZIP/CO:	LYNCHBURG, VA 24506		
NAME:	LAURA YOUNT	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SR VP CLINICAL		
ADDRESS:	PO BOX 11889		
CITY/ST/ZIP/CO:	LYNCHBURG, VA 24506		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DANIEL S HORTON VP CLINICAL AFF 2215 LANDOVER PL LYNCHBURG, VA 24501	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BRIAN MANDEVILLE VP CLINICAL AFF 2215 LANDOVER PL LYNCHBURG, VA 24501	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PATRICIA C RICHARDSON VP CLINICAL AFF 2215 LANDOVER PL LYNCHBURG, VA 24501	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RICHARD BENDALL VP CLINICAL AFF 2215 LANDOVER PL LYNCHBURG, VA 24501	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SALLY-ANN MCINTOSH VP CLINICAL AFF 2215 LANDOVER PL LYNCHBURG, VA 24501	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DIPESH PATEL VP CLINICAL AFF 2215 LANDOVER PL LYNCHBURG, VA 24501	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEVEN RIDOUT VP CLINICAL AFF 2215 LANDOVER PL LYNCHBURG, VA 24501	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	AASHISH SHAH VP CLINICAL AFF 2215 LANDOVER PL LYNCHBURG, VA 24501	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PAVAN ANNAMARAJU VP CLINICAL AFF 2215 LANDOVER PL LYNCHBURG, VA 24501	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ ROBERT O BRENNAN SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT		ROBERT O BRENNAN, PRESIDENT PRINTED NAME AND CORPORATE TITLE	
		12/27/2013 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			